

**Hilliard Division of Police**

5171 Northwest Parkway, Hilliard, OH 43026

Phone: 614.876.2429 Email: policeinfo@hilliardohio.gov**HILLIARD CPA APPLICATION****Participant Information**

Name:

Address: City: Zip:

Phone: Date of Birth:

Age: Male Female Driver's License No./Ohio I.D.:

Occupation: Current Employer:

Email:

Please indicate how you learned about the Hilliard Citizens Police Academy Program.

Internet Search Referred by Friend/Neighbor Facebook/Social Media
 Referred by Police Officer Flyer or Brochure Handout Other

Shirt Size: Male Female
 Small Medium Large X-Large 2X 3X 4X 5X

Criminal History

1. Have you ever been convicted of a felony or any sexual offense or offense of violence? Yes No

2. Have you been convicted of a drug-related offense within one year of the filing of this application? Yes No

If you answered yes to either question, please provide the details below:

| Charge or Law Violation | Location (City/State) | Disposition or Penalty | Date |
|-------------------------|-----------------------|------------------------|------|
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Return completed Application to:

Hilliard Division of Police
 Attn. Community Outreach Officer
 5171 Northwest Parkway
 Hilliard, OH 43026
policeinfo@hilliardohio.gov

FOR OFFICE USE ONLY

| Date Received | Date Reviewed | Status | Contact Type |
|---------------|---------------|--------|--------------|
| | | | |

Waiver and Release
City of Hilliard Division of Police (HPD)

I recognize and acknowledge that by participating in a class, volunteering with HPD, participating in a police car ride-a-long, or participating/observing other activities associated with HPD, there are certain risks involved in all of these activities. I agree to assume all such risks including any damages resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss which I, my child or a child for whom I am the legal guardian, may sustain as a result of participating in one or more of the activities identified above, and that I agree to indemnify, defend and hold the City of Hilliard harmless thereon.

I also certify that I am in the appropriate physical and mental condition to participate in the selected program/activity. While participating in a program/activity, or volunteering with HPD, I understand and agree that I am responsible for monitoring my own physical and mental condition to determine my capabilities throughout the length of the program or activity, and I agree to indemnify, defend and hold the City of Hilliard harmless thereon for any accidents or incidents (including physical injury, death, loss of services/consortium) that occur as a result of acts for which I determined that I was physically and/or mentally capable of performing.

I understand that this Agreement is intended to be as broad and inclusive as permitted by the laws of the state of Ohio and that if any portion of this is invalid, the remainder will continue in full legal force and effect. I have carefully read and voluntarily sign this Waiver and Release of all claims and fully agree and understand that its contents and meaning as a full waiver and release of all claims and liability against the City, its elected officials, officers, agents, servants, employees, volunteers and insurers.

Finally, I grant full permission to the City to use any photographs, videos, or recording of myself while participating in an HPD program or volunteering for any purpose.

Agreement

I certify that the statements made on this form and on my application are true and correct and have been given voluntarily. I understand this information may be disclosed to any party with legal and proper interest, and I release the City of Hilliard from any liability whatsoever for supplying such information. I understand that I will not be paid for services as a volunteer. I also understand that completing this application does not necessarily guarantee enrollment in a program/activity or for selection as a volunteer for HPD.

I understand and give my permission to the City of Hilliard Division of Police to conduct a background check to determine my suitability of admission into this program/activity or for selection as a volunteer.

I understand that as part of my interaction with the Hilliard Division of Police, I may learn confidential information that is related to the Hilliard Division of Police that might include personnel matters, criminal investigations, criminal history, and other high profile public issues. I may also hear conversations, see written documents, or observe things that are not intended for public review. I agree to abide by the rules and guidelines set by the Hilliard Division of Police. I agree that I shall not violate the confidentiality interests of the Hilliard Division of Police or its employees. This agreement shall not be construed to prevent me from discussing the general nature of the Citizens Police Academy Program. However, under no circumstances may I reveal confidential information except as required by law.

Checking the box "I Agree" and typing your name and the date in the space provided serve as your electronic signature and your agreement with all of the above listed statements.

I Agree

Full Name:

Date: